



## OKLAHOMA DEPARTMENT OF INSURANCE ANNUAL STATEMENT FILINGS

### **General Information for Annual Statement Filings**

The Oklahoma Insurance Department no longer mails Annual Filing Instruction Packages to licensed insurers. Companies may obtain all necessary forms and filing information directly from our website at:

<http://www.ok.gov/oid>

At the top of our home page, go to Regulated Entities/Financial/2009 Annual Statement Filings. Choose the applicable company to download the appropriate forms.

Companies may request a hard copy of the Annual Filing Instruction Packages by contacting the Financial Division of the Oklahoma Insurance Department at (405) 521-3966; by e-mail at the following address: [kim.lopez@oid.ok.gov](mailto:kim.lopez@oid.ok.gov); or by mail at:

Oklahoma Insurance Department  
Financial Division – Premium Tax  
3625 N.W. 56th Street, Suite 100  
Oklahoma City, OK 73112

### **Things to Remember**

1. Pursuant to 36 O.S. §624(A)(2), a reduction in taxable premium will be allowed only for premiums paid by a county, city, town or school district or by their duly constituted authorities performing a public service. Premiums paid by other state agencies do not qualify.
2. No electronic filings are required or accepted for annual statements. Foreign companies are required to file a Jurat Page unless the Oklahoma Insurance Department issues a written request for the company to file hard copies. Domestic companies must file hard copies for both annual and quarterly filings.
3. Several credit lines were added to the premium tax return. Please note that there is a worksheet provided in the instructions for the Home Office Credit and Venture Capital Credit. This form can be e-mailed upon request in Excel format for use in calculating these credits. Each credit must be accompanied by proper documentation to receive the credit. Contact [kim.lopez@oid.ok.gov](mailto:kim.lopez@oid.ok.gov) for the Excel worksheet.
4. The Life and Health Guaranty Credit is given pursuant to 36 O.S. §2030(I). The Oklahoma Life Guaranty Association will provide each eligible company with a letter in December as to the amount of credit that can be taken on the annual return. If you feel there is an error in the computation of the company credit for this year, please contact the Oklahoma Life and Health Guaranty Association at (405) 272-9221. The Oklahoma Department of Insurance does not have jurisdiction over these credits.

5. The Property and Casualty Guaranty Credit is given pursuant to 36 O.S. §625.4(A). The Oklahoma Property and Casualty Guaranty Association will provide each eligible company with a letter in December as to the amount of credit that can be taken on the annual return. If you feel there is an error in the computation of the company credit for this year, please contact the Oklahoma Property and Casualty Guaranty Association at (405) 843-5454. The Oklahoma Department of Insurance does not have jurisdiction over these credits.
6. The state checklist is essential in completing and submitting all necessary state filings. Please include a copy of the checklist on top of each filing. The Oklahoma ID number must appear on each page of the filings (four-digit license number located on each license.) Forms must appear in the order stated on the checklist. Any additional submissions should be attached to the end of the filing packet.

Revised 12/09

## RECIPROCALLS

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

REQUIRED FILINGS IN THE STATE OF: Oklahoma Filings Made During the Year 2010

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC				
<b>I. NAIC FINANCIAL STATEMENTS</b>								
	1	Annual Statement (8 1/2" x 14")	1	EO	xxx	3/1	NAIC	L
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	L
	3	Protected Cell Annual Statement	1	0	xxx	3/1	NAIC	
	4	Combined Annual Statement (8 1/2" x 14")	1	EO	xxx	5/1	NAIC	
<b>II. NAIC SUPPLEMENTS</b>								
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	11	Actuarial Opinion Summary	1	N/A	xxx	3/15	Company	
	12	Bail Bond Supplement	1	EO	xxx	3/1	NAIC	
	13	Combined Insurance Expense Exhibit	1	EO	xxx	5/1	NAIC	
	14	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	
	15	Exceptions to Reinsurance Attestation Supplement	1	N/A	xxx	3/1	Company	
	16	Financial Guaranty Insurance Exhibit	1	EO	xxx	3/1	NAIC	
	17	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	18	Insurance Expense Exhibit	1	EO	xxx	4/1	NAIC	
	19	Long Term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	20	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	21	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	22	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	23	Premiums Attributed to Protected Cells Exhibit	1	EO	xxx	3/1	NAIC	
	24	Reinsurance Attestation Supplement	1	EO	xxx	3/1	Company	
	25	Reinsurance Summary Supplemental	1	EO	xxx	3/1	NAIC	
	26	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
	27	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	28	Statement of Actuarial Opinion	1	EO	xxx	3/1	Company	
	29	Supplement A to Schedule T	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	30	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	31	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
<b>III. ELECTRONIC FILING REQUIREMENTS</b>								
	50	Annual Statement Electronic Filing	Xxx	1	xxx	3/1	NAIC	
	51	March .PDF Filing	Xxx	1	xxx	3/1	NAIC	
	52	Risk-Based Capital Electronic Filing	Xxx	1	N/A	3/1	NAIC	
	53	Risk-Based Capital .PDF Filing	Xxx	1	N/A	3/1	NAIC	
	54	Combined Annual Statement Electronic Filing	Xxx	1	xxx	5/1	NAIC	
	55	Combined Annual Statement .PDF Filing	Xxx	1	xxx	5/1	NAIC	
	56	Supplemental Electronic Filing	Xxx	1	xxx	4/1	NAIC	
	57	Supplemental .PDF Filing	Xxx	1	xxx	4/1	NAIC	
	58	Quarterly Statement Electronic Filing	Xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	59	Quarterly .PDF Filing	Xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	60	June .PDF Filing	Xxx	1	xxx	6/1	NAIC	
<b>IV. AUDITED FINANCIAL STATEMENTS</b>								
	71	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	72	Audited Financial Statements	1	EO	xxx	6/1	Company	
	73	Audited Financial Statements Exemption Affidavit	1	N/A	N/A	12/1	Company	
	74	Change of Independent CPA	1	N/A	N/A	12/1	Company	
	75	Notification of Adverse Financial Condition	1	N/A	N/A	Within 10 Days of Finding	Company	
	76	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A	6/1	Company	
	77	Request for Exemption to File	1	N/A	N/A	12/1	Company	
	78	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	12/1	Company	
<b>V. STATE REQUIRED FILINGS</b>								
	101	Certificate of Compliance	0	0	1	3/1	State	
	102	Certificate of Deposit or Valuation	0	0	1	3/1	State	
	103	Filings Checklist (with Column 1 completed)	1	0	1	3/1	State	
	104	Premium Tax Return with Payment Voucher including a copy of the State Page	1	0	1	3/1	State	B, M, P, Q
	105	Agreement and Application Form	1	0	1	3/1	State	G, O
	106	Jurat Page with Original (wet) Signatures	1	0	1	3/1	NAIC	G, L, O
	107	Certificate of Compliance of Advertisement	1	0	1	3/1	State	O
	108	Publication Notice (only CO, GA, IN, ND, SD, and OH)	0	0	1	3/1	State	
	109	WCPR Form 3000	1	0	1	3/1	State	
	110	High Risk Pool	1	0	1	3/1	State	
	111	Uniform Consent to Service of Process (with separate payment)	0	0	If Applicable	3/1	State	M

112	Annual Statement (Hard Copy Format)	1	0	0	3/1	NAIC	
113	Supplemental Filings	1	0	0	3/1	State	
114	Quarterly Estimated Premium Tax Payments with Payment Vouchers	1	0	1	4/15, 6/15, 9/15, 12/15	State	
115	Holding Company registration (Form B & C) and fee	1	0	0	5/1	State	T
116							
117							

**\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).**

**\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.**

		<b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>	
	A	Required Filings Contact Person:	Financial Division – Premium Tax Division (405) 521-3966
	B	Mailing Address:	B-1: Via U.S. Mail: Oklahoma Insurance Department Financial Division – Premium Tax P.O. Box 53408 Oklahoma City, OK 73152-3408 B-2: Via Courier: Oklahoma Insurance Department Financial Division – Premium Tax 2401 NW 23 <sup>rd</sup> Street, Suite 28 Oklahoma City, OK 73107
	C	Mailing Address for Filing Fees:	Same as B.
	D	Mailing Address for Premium Tax Payments:	Same as B.
	E	Delivery Instructions:	E-1: All filings are due on or before the dates indicated. E-2: Postmarks are acceptable. If the due date falls on a weekend or a holiday, the deadline is extended to the next business day. Metered mail must have a manually applied postmark to qualify as acceptable proof of mailing date.
	F	Late Filings:	A penalty of the greater of \$250.00 or \$100.00 per day will be assessed for late filings. (36 O.S. §311.1(B)). Late tax payments will carry an additional penalty of 10% of the tax due plus 6% interest per annum until paid. (36 O.S. §630)
	G	Original Signatures:	Original (wet) signatures are required on all documents requiring a signature.
	H	Signature/Notarization/Certification:	<b>Domestic and Foreign:</b> Notarized signatures are required with the Company Seal on the Jurat Page of the Annual Statement.
	I	Amended Filings:	Amended items must be filed within 10 days of their amendment, along with an explanation. Signature requirements are covered in H.
	J	Exceptions from normal filings:	Foreign Companies must provide a written copy of any exemption or extension received from its State of domicile at least 10 days prior to the filing due date in order to receive such from Oklahoma. Domestic Companies must apply prior to December 1 to receive exemption.
	K	Bar Codes (State or NAIC):	Follow the directions in the NAIC Annual Statement Instructions.
	L	Signed Jurat:	The Jurat Page must be notarized, have the Company Seal affixed, and have original (wet) signatures.
	M	NONE Filings:	“NONE” filings must be made. Failure to file a “NONE” document will be treated as a filing violation. The only exception is the Designation of Agent filing, which is only required if a change has occurred.

	N	Filings new, discontinued or modified materially since last year:	See T below.
	O	Company Seal:	The Company Seal must be applied to the following documents for all Companies: Jurat Page; Agreement and Application for License; and Certificate of Advertisement.
	P	State Business Page:	A copy of the State Page must accompany the Premium Tax Return. See checklist for placement in packet. If the State Business Page is "NONE", then mark and file the page as "NONE".
	Q	Payments of Licenses, Fees, and Taxes:	Q-1: Premium Tax Return payments must be attached to the 1 <sup>st</sup> page of the return along with the provided voucher. Include annual license fee, review fee, fire marshal tax, and retaliatory tax if applicable. Q-2: For late payment fees, see F – late Filings.
	R	Premium Tax Forms:	Computer generated forms are acceptable as long as they are in the same format as Oklahoma's forms.
	S	Worksheets:	Worksheets are provided to aid in the calculation of Home Office Credit, Venture Capital Credit, and Historic Rehab Credit.
	T	Holding Company Filings:	All Holding Company filings <u>must</u> be filed electronically in PDF format in addition to the hard copy filing. This applies to Forms A, B, C, D, E, R, including all supplements/attachments thereto. The filings should be emailed to: <a href="mailto:HCAFilings@oid.ok.gov">HCAFilings@oid.ok.gov</a> (The OID firewall limits total email size to 10MB or less. Use of secured website mail is not acceptable.)

**General Instructions  
For Companies to Use Checklist**

**Please Note:** This state’s instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

**Electronic filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are not required to file hard copy filings with the NAIC.**

**Column (1) (Checklist)**

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an “x” in this column when mailing information to the state.

**Column (2) (Line #)**

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) (Required Filings)**

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March .PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The *Risk-Based Capital Electronic Filing* includes all risk-based capital data.

The *Risk -Based Capital .PDF Filing* is the .pdf file for risk-based capital data.

The *Supplemental Electronic Filing* includes all supplements due April 1, per the *Annual Statement Instructions*.

The *Supplemental .PDF Filing* is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Statement Electronic Filing* includes the complete quarterly statement data.

The *Quarterly Statement .PDF Filing* is the .pdf file for quarterly statement data.

The *Combined Annual Statement Electronic Filing* includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The *Combined Annual Statement .PDF Filing* is the .pdf file for the Combined annual statement data and the combined Insurance Expense Exhibit.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

**Column (4) (Number of Copies)**

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the “Number of Copies” “Foreign” column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

**Column (5) (Due Date)**

Indicates the date on which the company must file the form.

**Column (6) (Form Source)**

This column contains one of three words: “NAIC,” “State,” or “Company.” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

**Column (7) (Applicable Notes)**

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.



Oklahoma ID# \_\_\_\_\_

INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

## AGREEMENT AND APPLICATION FOR OKLAHOMA LICENSE

Whereas, the \_\_\_\_\_, (company) located in the city of \_\_\_\_\_ in the State of \_\_\_\_\_, hereby applies for license in the State of Oklahoma for the year \_\_\_\_\_ and agrees, under the signature of its President and Secretary, hereto attached, and the corporate seal of the said Company, that after receiving authority so to do from the Insurance Commissioner of the State of Oklahoma it will transact the lines of business, currently authorized, currently transacting, which the insurer is applying to transact as indicated below. In the State of Oklahoma, in accordance with the provisions of the laws of said State, and will pay such taxes and fees as may at any time be imposed by law or act of the Legislature, upon insurance companies engaged in the business herein enumerated.

IN WITNESS WHEREOF, We have hereto subscribed our names and affixed the corporate seal of the Company, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_, President

\_\_\_\_\_, Secretary

(Seal)

Referring to Title 36, please check all that apply:

- |                                                                   |                                                               |
|-------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Accident & Health (§703)                 | <input type="checkbox"/> Prepaid Dental (§6143)               |
| <input type="checkbox"/> Accredited Reinsurer (§5122)             | <input type="checkbox"/> Property (§704)                      |
| <input type="checkbox"/> Casualty (§707)                          | <input type="checkbox"/> Reciprocal (§2901)                   |
| <input type="checkbox"/> Chiropractic Services (§2691.1)          | <input type="checkbox"/> Risk Retention (§6454)               |
| <input type="checkbox"/> Dental Services (§2671)                  | <input type="checkbox"/> Surety (§708)                        |
| <input type="checkbox"/> Fraternal (§2727.1)                      | <input type="checkbox"/> Surplus Lines (§1101)                |
| <input type="checkbox"/> Health Maintenance Organizations (§6901) | <input type="checkbox"/> Title (§709)                         |
| <input type="checkbox"/> Hospital Services (§2601)                | <input type="checkbox"/> Variable Annuity (§§6061 & 6062)     |
| <input type="checkbox"/> Life (§702)                              | <input type="checkbox"/> Variable Life (§§6061 & 6062)        |
| <input type="checkbox"/> Lloyds (§3001)                           | <input type="checkbox"/> Vehicle (§706)                       |
| <input type="checkbox"/> Marine (§705)                            | <input type="checkbox"/> Workers Compensation (§§608 & 612.2) |
| <input type="checkbox"/> Optometric Services (§2651)              | <input type="checkbox"/> Other                                |

Revised 03/10

Company Name: \_\_\_\_\_ OK ID # \_\_\_\_\_

**Oklahoma Department of Insurance  
Annual Filing Checklist  
Foreign Reciprocal Insurers**

This checklist provides a format for filings required by the Oklahoma Department of Insurance. Using this form will aid the insurer in completing all the requirements as instructed and in the order necessary for processing by the Department.

- \_\_\_\_\_ 1. Checklist completed.
- \_\_\_\_\_ 2. Premium Tax Return (with original signatures and notarized.)
- \_\_\_\_\_ 3. Voucher and Check attached to Return
- \_\_\_\_\_ 4. Copy of the State Page.
- \_\_\_\_\_ 5. Certificate of Deposit or Valuation.
- \_\_\_\_\_ 6. Certificate of Compliance.
- \_\_\_\_\_ 7. Agreement and Application (with original signatures and seal.)
- \_\_\_\_\_ 8. Certificate of Advertisement.
- \_\_\_\_\_ 9. Jurat Page.
- \_\_\_\_\_ 10. WCPR Form 3000 (Workers Compensation Writers Only.)
- \_\_\_\_\_ 11. Publication Form and Advertisement Placed (can be sent as late as May 1.)  
**This only applies to the following states: Colorado, Georgia, Indiana, North Dakota, South Dakota and Ohio.** All other states send in the publication form Marked "None" with the premium tax filing due March 1<sup>st</sup>.
- \_\_\_\_\_ 12. Health Insurance High Risk Pool Form (if none, state "None" and return.)
- \_\_\_\_\_ 13. Uniform Consent to Service of Process (Designation of Agent.) **Only** file if changing agents.



Annual Premium Tax Form
Oklahoma Insurance Department

For the year ending December 31, 2009

Check appropriate box:

Original Filing Amended Filing

Due March 1, 2010 to:

Oklahoma Insurance Department
Financial Division
P.O. Box 53408, 2401 N.W. 23rd, Suite 28
Oklahoma City, Oklahoma 73152-3408

Section A: (Reciprocal) Property and Casualty Foreign Company Information

Company Name, Oklahoma License #, NAIC #, Address(1), Address(2), Domicile, City, State, Zip Code, Preparer's Name and Phone #

Section B: Tax Liability and Fee Computation

Complete Sections D and E First.

Oklahoma Basis

1 Direct Written Premium, 2 Premium Credits to Public Service Authorities, 3 Federal Reinsured Crop and Flood Premiums, 4 Taxable Premium, 5 Premium Tax Liability before credits, 6 Credits, 6a Life and Health Guaranty Fund Assessment Credit, 6b P&C Guaranty Fund Assessment Credit, 6c Rural Small Business Capital Credit, 6d Small Business Capital Credit, 6e Coal Credit, 6f Other Credits, 6g Home Office Credit, 6h Venture Capital Credit, 6i Historic Rehabilitation Credit, 6j Total Credits, 6k Net Premium Tax Liability, 6l Prior Year Overpayment Applied to future taxes, 6m Current Year Prepayment, 6n Total Prepayments, 7 Premium Tax Due, 8a Amount to be refunded, 8b Apply to future taxes, 8c Premium tax liability due carryforward from line 7 if positive, 9 Annual License Fee, 10 Annual Statement Review Fee, 11 Fire Marshal Tax, 12 Retaliatory Tax, 13 Total Taxes and Fees

Attach voucher and check here

This is to be the amount of the check enclosed. Check cannot be less than the total of lines 8c through 12.

Line 8a or 8b may not be used as a deduction for lines 9 through 12.

Section C: Notary Certificate

By signing below, I certify that I have reviewed this filing and the information contained herein. I further certify that the information contained herein is correct and complete, to the best of my knowledge.

President (Signature) Secretary (Signature)

President (Type or Print) Secretary (Type or Print)

Signed and sworn to before me by the President and Secretary of

on State of: County of:

Notary (Signature), Notary Public. My Commission Expires

[SEAL]

Company Name

Oklahoma License #

NAIC #

**Section D: Fire Marshal Tax Computation (Foreign Companies Writing Listed Lines Only)**

Pursuant to 68 O.S. 50001

Line of Business	Col. 1 Direct Premium	Col. 2 Dividends	Col. 3 Factor	Col. 1 less Col. 2 times Col. 3
1 Fire			100%	
2.1 Allied Lines			10%	
4 Homeowners M.P.			25%	
5.1 Commercial M.P. (Do not include Line 5.2)			50%	
8 Ocean Marine			10%	
9 Inland Marine			15%	
21.1 PPA Physical Damage			12%	
21.2 Comm Physical Damage			12%	
22 Aircraft			20%	
31 Write-in (Crop/Hail)			10%	
<b>Total Taxable Fire Premiums (Sum) (If negative, enter 0)</b>				
<b>Tax Rate (5/16 of 1%)</b>				0.3125%
<b>Fire Marshal Tax (Forward to Section B, Line 11, and Section E, Line 19)</b>				

**Section E: Retaliatory Tax Computation (Foreign Companies Only)**

Pursuant to 36 O.S 628

	Column 1 Domestic Basis	Column 2 Oklahoma Basis
1 Direct Written Premium		
2 Premium Credits to Public Service Authorities <sup>1</sup> (per 36 O.S. §624(A)(2))		
3 Federal Reinsured Crop and Flood Premiums <sup>1</sup>		
4 Other (specify) <sup>1</sup> _____		
5 Dividends Paid or Credited		XXXXXXX
6 Taxable Premium (Line 1 less Lines 2 through 5)		
7 Tax Rate		2.25%
8 Gross Premium Tax (Line 6 times Line 7)		
9 Maintenance Tax		XXXXXXX
10 Franchise Tax		XXXXXXX
11 Other (specify) <sup>1</sup> _____		XXXXXXX
12 _____		XXXXXXX
13 _____		XXXXXXX
14 Total Taxes (Line 8 plus Lines 9 through 13)		
15 Guaranty Fund Assessment Credit		
16 Net Premium Tax Due (Line 14 less Line 15. If negative, enter 0)		
17 Annual License Fee (per 36 O.S. §321(A)(2)(b))		\$150.00
18 Annual Statement Review Fee (per 36 O.S. §321(C))		\$500.00
19 Fire Marshal Tax (Total From Section D) (per 68 O.S. §50001)		
20 Other (specify) <sup>1</sup> _____		
21 Credits (specify) <sup>1</sup> _____		
22 Total Taxes and Fees (Line 16 plus Lines 17 through 21)		
23 Retaliatory Tax (Line 22, Column 1 less Line 22, Column 2)		
(If Line 23 is negative, enter 0)		

Forward amount to Section B, Line 12

<sup>1</sup> Provide supporting documentation for these deductions. If supporting documentation is inadequate, the deductions will be disallowed for premium tax purposes.

<sup>2</sup> PSA credits shall only be allowed for premiums or fees paid by any county, city, town or school district funds or by their duly constituted authorities performing a public service.

**Oklahoma Insurance Department  
Reciprocal  
Estimated Tax Voucher #1**

Per 36 O.S. §629(A)

**Due on or before  
April 15th, 2010**

Company Name \_\_\_\_\_

Oklahoma Lic #  
(4 digit #)

NAIC Number  
(5 digit #)

Return To: Oklahoma Insurance Department  
Financial Division  
P. O. Box 53408, 3625 N.W. 56th St., Suite 100  
Oklahoma City, OK 73152-3408

A. Total prior year net tax liability  
(Per prior year tax return)  
(Section B, Line 6j) \$ \_\_\_\_\_

B. Total prior year applied to  
future tax (Line 8b of prior year) \$ \_\_\_\_\_

C. Amount of quarterly  
payment due 25% of (A) above \$ \_\_\_\_\_

D. Less portion allocated from  
(B) above \$ \_\_\_\_\_

E. Less credits used this quarter  
Type: \_\_\_\_\_ \$ \_\_\_\_\_

F. Balance due this quarter \$ \_\_\_\_\_

Check No. \_\_\_\_\_ Source No. 1310355  
Check Date \_\_\_\_\_

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**Oklahoma Insurance Department  
Reciprocal  
Estimated Tax Voucher #2**

Per 36 O.S. §629(A)

**Due on or before  
June 15th, 2010**

Company Name \_\_\_\_\_

Oklahoma Lic #  
(4 digit #)

NAIC Number  
(5 digit #)

Return To: Oklahoma Insurance Department  
Financial Division  
P. O. Box 53408, 3625 N.W. 56th St., Suite 100  
Oklahoma City, OK 73152-3408

A. Total prior year net tax liability  
(Per prior year tax return)  
(Section B, Line 6j) \$ \_\_\_\_\_

B. Total prior year applied to  
future tax (Line 8b of prior year) \$ \_\_\_\_\_

C. Amount of quarterly  
payment due 25% of (A) above \$ \_\_\_\_\_

D. Less portion allocated from  
(B) above \$ \_\_\_\_\_

E. Less credits used this quarter  
Type: \_\_\_\_\_ \$ \_\_\_\_\_

F. Balance due this quarter \$ \_\_\_\_\_

Check No. \_\_\_\_\_ Source No. 1310358  
Check Date \_\_\_\_\_

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**Oklahoma Insurance Department  
Reciprocal  
Estimated Tax Voucher #3**

Per 36 O.S. §629(A)

**Due on or before  
September 15th, 2010**

Company Name

Oklahoma Lic #  
(4 digit #)

NAIC Number  
(5 digit #)

Return To: Oklahoma Insurance Department  
Financial Division  
P.O. Box 53408, 3625 N.W. 56th St., Suite 100  
Oklahoma City, OK 73152-3408

A. Total prior year net tax liability  
(Per prior year tax return)  
(Section B, Line 6j) \$ \_\_\_\_\_

B. Total prior year applied to  
future tax (Line 8b of prior year) \$ \_\_\_\_\_

C. Amount of quarterly  
payment due 25% of (A) above \$ \_\_\_\_\_

D. Less portion allocated from  
(B) above \$ \_\_\_\_\_

E. Less credits used this quarter  
Type: \_\_\_\_\_ \$ \_\_\_\_\_

F. Balance due this quarter \$ \_\_\_\_\_

Check No. \_\_\_\_\_  
Check Date \_\_\_\_\_

Source No. 1310362

Rev. 03/10

**Oklahoma Insurance Department  
Reciprocal  
Estimated Tax Voucher #4**

Per 36 O.S. §629(A)

**Due on or before  
December 15th, 2010**

Company Name

Oklahoma Lic #  
(4 digit #)

NAIC Number  
(5 digit #)

Return To: Oklahoma Insurance Department  
Financial Division  
P.O. Box 53408, 3625 N.W. 56th St., Suite 100  
Oklahoma City, OK 73152-3408

A. Total prior year net tax liability  
(Per prior year tax return)  
(Section B, Line 6j) \$ \_\_\_\_\_

B. Total prior year applied to  
future tax (Line 8b of prior year) \$ \_\_\_\_\_

C. Amount of quarterly  
payment due 25% of (A) above \$ \_\_\_\_\_

D. Less portion allocated from  
(B) above \$ \_\_\_\_\_

E. Less credits used this quarter  
Type: \_\_\_\_\_ \$ \_\_\_\_\_

F. Balance due this quarter \$ \_\_\_\_\_

Check No. \_\_\_\_\_  
Check Date \_\_\_\_\_

Source No. 1310365

Rev. 03/10



INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

Oklahoma License # \_\_\_\_\_

**CERTIFICATE OF COMPLIANCE OF ADVERTISEMENTS**

**Pursuant to OAC §365:10-3-18(b) and §365:10-3-37(c)**

I hereby certify, to the best of my knowledge, information, and belief, that  
\_\_\_\_\_  
(Company), located at \_\_\_\_\_  
is in compliance with Oklahoma Administrative Code §§ 365: 10-3-18 and 10-3-37 with  
regard to advertising. All advertisements disseminated by the insurer during the  
preceding statement year complied, or were made to comply, in all respects with the  
provisions of the insurance laws of the State of Oklahoma as implemented by the rules  
and interpreted by the Insurance Commissioner.

Given under our hands and Seal of said Company this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

[SEAL]

\_\_\_\_\_  
Company Officer

\_\_\_\_\_  
Title



INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

## MEMORANDUM

TO: ALL PRIVATE INSURERS LICENSED IN OKLAHOMA TO WRITE  
WORKERS' COMPENSATION OR WORKERS' COMPENSATION  
EQUIVALENT COVERAGE

FROM: INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

DATE: OCTOBER 2003

RE: "WCPR" REDUCTIONS IN WORKERS' COMPENSATION OR WORKERS'  
COMPENSATION EQUIVALENT PREMIUMS

In 1988 the Oklahoma Legislature created the Workers' Compensation Premium Reduction (WCPR). The Program is managed by the Oklahoma Department of Labor. Upon insurer receipt of WCPR Certification, eligible employers shall receive a premium reduction as of the policy effective date on new or renewal policies. The premium reductions are based on a WCPR schedule of credits and apply for a one-year period for those insureds that can satisfactorily complete the rigorous requirements.

The WCPR Program is described under 36 O.S. §924.2, which states:

"The Insurance Commissioner, the Administrator of the Workers' Compensation Court and the State Insurance Fund Commissioner shall maintain records documenting reductions in workers' compensation insurance premiums granted pursuant to this Section and shall make an annual report of such reductions to the President Pro Tempore of the Senate and the Speaker of the House of Representatives by May 1 of each year. Insurers shall report such premium reductions in their annual statement."

Therefore, all annual statements should reflect any reductions during the period as a result of WCPR. Complete the attached Oklahoma WCPR Credit Form No. 3000 whenever WCPR credits have been applied to an insured's policy during the annual statement period and return with the annual statement information.

---

**Oklahoma Workers' Compensation Premium Reduction**  
**“WCPR” Credit**  
**36 O.S. §924.2 and 40 O.S. §414**

---

Insurance Company:

Oklahoma License #

Preparer:

Telephone Number of Preparer:

Date Prepared:

Named Insured	Policy Number	Policy Period	Percentage Credit	Estimated Premium Credit	Audited Premium Credit (If Available)

**(Return only if you have insureds that qualify under the above statutes)**



INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

**FOR PUBLICATION IN THE STATE OF OKLAHOMA  
SYNOPSIS OF THE ANNUAL STATEMENT**

(Pursuant to OAC §365:1-9-1(I) and retaliatory  
provisions of the Oklahoma Insurance Code)

**Only required of insurers domiciled in states that require a similar form  
from Oklahoma Domestic insurers: CO, GA, IN, ND, OH, SD.**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company City, State, Zip: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Total Admitted Assets	\$	Oklahoma Direct Written Premium	\$
Total Liabilities	\$	Oklahoma Direct Claims Paid	\$
Surplus	\$		

We do hereby certify that the above items are in accordance with the Annual Statement for the year ended December 31, 2009 made to the Insurance Commissioner of the State of Oklahoma.

\_\_\_\_\_  
Name of President

\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Name of Secretary

\_\_\_\_\_  
Signature of Secretary

It is the responsibility of the company to publish this in an Oklahoma newspaper and submit a certified copy of the publication to the attention of the Financial Division – Premium Tax, P.O. Box 53408, Oklahoma City, OK 73152-3408 no later than May 1. Inquiries regarding publication rates should be directed to the newspaper; phone numbers have been provided.

The Daily Oklahoman  
9000 Broadway Extension  
Oklahoma City, OK 73114  
(405) 475-3311

The Tulsa World  
318 South Main  
Tulsa, OK 74103  
(918) 583-2161

Journal Record Publishing  
222 N. Robinson  
Oklahoma City, OK 73102  
(405) 235-3100

OKLAHOMA HEALTH INSURANCE HIGH RISK POOL  
**2009** PREMIUM REPORTING FORM - TITLE 36 OS §§ 6531 et. seq.

ALL property and casualty insurance companies, life insurance companies, reinsurers, health maintenance organizations (HMO's), preferred provider organizations (PPO's), prepaid health plans, fraternal benefit societies, and not-for-profit hospital service and medical indemnity plans writing accident and health premiums in Oklahoma must complete and attest to the following information. THIS FORM IS DUE WITH THE FILING OF THE ANNUAL STATUTORY STATEMENT FOR THE YEAR ENDED DECEMBER 31, 2009.

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ OK COMPANY LICENSE# \_\_\_\_\_

LINE	OKLA PREMIUM*	EXEMPT**	NET PREMIUM	COVERED LIVES***
Group Policies	_____	_____	_____	_____
Collectively Renewable	_____	_____	_____	_____
Non-cancelable	_____	_____	_____	_____
Guaranteed Renewable	_____	_____	_____	_____
Nonrenewable	_____	_____	_____	_____
Other Accident	_____	_____	_____	_____
All other A&H	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____

**Please provide additional information on the type of policies any claim for exemption represents.**

**IMPORTANT NOTICE:** If this form is not returned by 3/1/10 with your annual filing, the A&H premiums from your state page will be used in all calculations to determine assessments under 36 OS § 6536.4 and 6539.

\*This is "Direct Written Premium". If your company filed a state page with Oklahoma, this amount must match the exhibit. **Note:** stop loss coverage for self-insured plans is included. **Please attach a letter providing information about the exemptions claimed, specifically the types of policies and the amounts for each type.**

\*\* Exempt policies are policies covering: short-term accidents only; fixed-indemnity; limited benefit; specified accident; specified disease; Medicare supplement; Medicare; long term care; limited benefit expense; medical payment or personal injury coverage in a motor vehicle policy; coverage issued as a supplement to liability insurance; disability; workers compensation (36 OS § 6532(8)). FEHB premiums (federal employees) are also exempt.

\*\*\* For informational purposes only. Include Oklahoma insureds including spouses and dependents. Do not include exempt policies and reinsurance coverage where the primary insurer is also reporting covered lives.

**Certification:** I, \_\_\_\_\_, as an appropriate officer of the above listed Oklahoma Insurance Company, do certify the above information as true and correct to the best of my knowledge.

**All inquires to:**

Frazier Farley, Mgr.

P.O. Box 50429

Midwest City, OK 73140-5429

(405) 741-8434 and fax #(405) 732-8953

\_\_\_\_\_ Officer

\_\_\_\_\_ Title

\_\_\_\_\_ Print Name/Date

**Oklahoma Insurance Department  
Reciprocal  
Estimated Tax Voucher #3**

Per 36 O.S. §629(A)

**Due on or before  
September 15th, 2010**

Company Name

Oklahoma Lic #  
(4 digit #)

NAIC Number  
(5 digit #)

**Return To:** Oklahoma Insurance Department  
**Financial Division**  
P.O. Box 53408, 2401 N.W. 23rd, Suite 28  
Oklahoma City, OK 73152-3408

A. Total prior year net tax liability  
(Per prior year tax return)  
(Section B, Line 6j) \$ \_\_\_\_\_

B. Total prior year applied to  
future tax (Line 8b of prior year) \$ \_\_\_\_\_

C. Amount of quarterly  
payment due 25% of (A) above \$ \_\_\_\_\_

D. Less portion allocated from  
(B) above \$ \_\_\_\_\_

E. Less credits used this quarter  
Type: \_\_\_\_\_ \$ \_\_\_\_\_

F. Balance due this quarter \$ \_\_\_\_\_

Check No. \_\_\_\_\_  
Check Date \_\_\_\_\_

Source No. 1310362

Rev. 12/09

**Oklahoma Insurance Department  
Reciprocal  
Estimated Tax Voucher #4**

Per 36 O.S. §629(A)

**Due on or before  
December 15th, 2010**

Company Name

Oklahoma Lic #  
(4 digit #)

NAIC Number  
(5 digit #)

**Return To:** Oklahoma Insurance Department  
**Financial Division**  
P.O. Box 53408, 2401 N.W. 23rd, Suite 28  
Oklahoma City, OK 73152-3408

A. Total prior year net tax liability  
(Per prior year tax return)  
(Section B, Line 6j) \$ \_\_\_\_\_

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C. Amount of quarterly  
payment due 25% of (A) above \$ \_\_\_\_\_

D. Less portion allocated from  
(B) above \$ \_\_\_\_\_

E. Less credits used this quarter  
Type: \_\_\_\_\_ \$ \_\_\_\_\_

F. Balance due this quarter \$ \_\_\_\_\_

Check No. \_\_\_\_\_  
Check Date \_\_\_\_\_

Source No. 1310365

Rev. 12/09

**Oklahoma Department of Insurance - Calendar Year 2009**  
**Home Office, Venture Capital, and Historical Building Rehabilitation Credit Worksheet**

Please contact OID financial Division (405)521-3966  
for an emailed copy of spreadsheet.

	<b>Direct premiums =</b>		
Less Non-taxable premium:		<b>Credits</b>	
Premium public service authorities			
Federal crop, flood insurance			
	<b>Total non-taxable premium =</b>		0
	<b>Taxable premium =</b>		0
	<b>Tax rate =</b>		2.25%
	<b>Gross premium tax =</b>		0
	<b>Pension allotment rate =</b>		0.53
	<b>Amount allocated to pension fund =</b>		0
	<b>Amount allocated to general revenue =</b>	<b>Note A</b>	0
<b>Home office credit information:</b>			
	# of Employees Full Time in Oklahoma		
	Per Statute 625.1 (A) or (B) allowable credit %		0%
	Home office credit against tax =	<b>Note A</b>	0
	Tax liability remaining after regional H.O. credit =		0
<b>Venture Capital &amp; Historic Rehab Credit Information:</b>			
	Percentage of general revenue allotment remaining =		100%
	Amount of general revenue allotment remaining =		0
	Venture capital credit taken =	<b>Note A/B</b>	0
	Tax liability remaining after venture capital credit =		0
	Historic rehab credit allowable =		0
	Historic rehab credit taken =	<b>Note A/B</b>	0
	Tax liability remaining after historic rehab credit taken =		0
	<b>Total Credit Taken</b>		<b>0</b>

**Notes:**

- A - The sum of Home Office Credit, Venture Credit, and Historic Rehab Credit cannot be more than the amount allotted to the pension funds. This figure must be positive.
- B - Venture Credit may be carried forward 3 years and applied to future taxes, Historic Rehab Credit may be carried forward 10 years and applied to future taxes, but may not be refunded in cash.